COUNTY LOF LOS ANGELES-DEPARTMENT OF MENTAL HEALTH

HWLA PROVIDER MEETING
CLINICAL OPERATIONS AGENDA
February 28, 2012

Welcome and Introductions

Purpose and Structure

Tier II

- Contract, what contract?
- Early intervention with medical necessity criteria
- Short-term
- Mild to moderate symptoms
- Mental Health Integration Program Model with Problem Solving Treatment (evidence-based practice)
- Meds prescribed by DHS Primary Care Provider (PCP)
- Willing to receive psychotherapeutic services

Buy-In and the 3-Legged Chair

- Care Manager/Direct Service Clinician
  - Prepare patient for services
    Critical importance of explaining the nature of the model to the patient, very focused, not simply venting. Supervisors to reinforce short-term treatment with staff
  - Assess and Re-assess
    Symptoms and functional impairment
  - Diagnose
    Responsibility for diagnosis vs. defer to physician
  - Treat
    Use MHIP model with PST as clinically appropriate
  - Outcome Measures on session-to-session basis (PHQ, GAD, PCP-C)
  - Collaborate
    Case review with Consulting Psychiatrist and PCP

- PCP
  - Screen
  - Refer
    - Do they know who and how to refer?
    - Do they understand what you need as part of the referral?

        - Did they discuss with the patient and did they explain and endorse role of care manager as part of the treatment team?
    - Prescribe and adjust medications
      Do they know that they are responsible for this?
      Do they know that the specialty mental health team can assist in monitoring response to medications?
      Do they know that they can consult with a psychiatrist?
    - Collaborate
      Do they understand their role in this model?
    - Have they viewed the MHIP webinar?

- Consulting Psychiatrist
    - Do you have one?
    - Does the psychiatrist get that this is not the traditional Consult and Liaison Model?
    - Does the psychiatrist get their role as a consultant to the Care Manager(s)?
    - Are they reviewing the cases where patient is not making progress?
    - Are they reviewing cases prior to higher level transfer?
    - Has the psychiatrist ever met the PCP with whom they may consult?

Mental Health Integration Model (MHIP)

- Components
    - Stepped Care Model
    - Behavioral Activation
    - Problem Solving Treatment (PST)
        - PST may not be indicated with Panic Disorder
    - Session-to-Session Outcome Monitoring
    - Relapse Prevention

- Length of Service Expectation
    - Short-term, most around 4- 8 weeks; no cap
    - More frequent contact at beginning of treatment
    - Taper to ensure consolidation of gains
    - Telephone-based contact in between sessions (not billable if CP)

- Selection of Evidence-Based Practice (EBP) in IS
    - Completed MHIP 2-day training
        - Yes → Select Y2K-IMPACT even if substituting other EBP
        - No → Do not select Y2K-IMPACT. If you are using an EBP such as Seeking Safety or Benjamin Rush Crisis Intervention Model aka CORS, select that in the EBP field of the IS. If using CBT, select a service strategy as applicable.

Operational Agreement or Memorandum of Understanding

- Why bother?

- Basis for transfer

- Clinical presentation/symptoms vs. case management?
  - My idea of when to transfer might not be the same as yours?
- Review by consulting psychiatrist?
- How and where to transfer?
- What information does agency need?
- Optional Service Area Navigator Transfer Form
- Shared understanding of criteria
- Accept or decline transfer request

Other

- Elimination of Case Consultation/Case Conference Code: 99361/99362→H0032
  - Change in code only applicable to Legal Entity and Directly-operated Programs
  - Change in code does not apply to Community Partner Agencies: continue to use H2016

- Need Help?

  - In-person consultation is available to assist

- Comments, Questions, Concerns

Handouts:

Team Building Process
DHS Referral Form to Specialty Mental Health
MHIP Links
Service Area Transfer Form
QA Bulletin No. 12-01